

**Sexual and Reproductive Health and Rights Minimum Commitments For Gender and Inclusion**

**The minimum commitments are a tool meant to make gender sensitive and inclusive programming tangible, simple and practical**. The intended users of these commitments are the sexual and reproductive health and rights (SRHR) professionals working in emergency settings, in countries recovering from crisis and in chronically fragile settings. The commitments are practical, realistic and focus on improving the way the sector teams operate rather than on drastically reorienting programmes, and thus commitments reflect key priority issues in a specific sector. They are not about stating again what is already known by the sector actors or already covered in existing guidance (such as, for instance, the importance of targeting women of reproductive age). They are about calling staff’s attention on important issues that may be overlooked, placing the focus on the very groups we tend to miss and on the good programming practices we fail to implement. As the commitments are meant to be used globally, they need to be relevant in most contexts.

**What do Care’s SRHR interventions typically look like in emergencies?**

* Implementation of the MISP
* Family planning
* Maternal and new born care
* Basic and emergency obstetric care
* Post-abortion care
* Safe abortion where feasible
* Capacity building of local service providers
* Strengthening of supply chains
* Community engagement

**Step 1 for the development of the minimum commitments: Prioritization of the groups and issues the commitments should focus on *(conducted with the SRHR global team):***

The SRHR commitments reflect key priority issues of the sector. They are grounded on a combined analysis of:

1. The **needs or barriers** certain groups may face based on gender, age or diversity, with a focus on these groups that tend to be overlooked in the sector’s emergency intervention.

*-Adolescent girls and boys*

*-Pregnant and lactating adolescent girls*

*-Sexual minorities*

*- Persons with a mental or physical disability*

1. An understanding of **gender dynamics** that may lead to vulnerabilities, such as:

*- Men, as husbands, partners and fathers, need to be engaged in order to alleviate the barriers adolescent girls and women face in accessing essential SRH services as they often have a predominant say on the use of contraceptive methods, on the number of children the family will have, on child spacing and on how long a child should be breastfed.*

1. An analysis of the existing challenges on the quality and appropriateness of the assistance provided (**what sector teams don’t do well**):

-*Lack of analysis of the power dynamics within the home and within the community preventing girls’ and women’s access to services*

*- Response not sufficiently addressing power imbalances*

*- Response not sufficiently tailored to the unique and multiple needs of adolescent girls and boys and those hard to reach*

*-Monitoring equitable access to SRH services needs to be reinforced, confidential and responsive feedback and complaints mechanisms should be in place*

**Step 2: Self-assessment questionnaire:** this is meant to support staffs’ reflection on how their services and programs are designed and delivered in a way that is adequate and inclusive of all, and by a simple monitoring tool meant to help measure programs’ compliance with the 5 commitments.

**Step 3: Action Plan**: after scoring the self-assessment, the action plan attached at the bottom of the form provides teams the ability to review gaps and identify what can be done to fill them, what resources are needed to accomplish those solutions, who would lead, and the timeline that is most realistic for the team to accomplish them.

**Step 4: On-going Monitoring and Systematic Implementation**: program managers are provided guidance on how to continuously use the Minimum Commitments even outside the self-assessment, such as within partner agreements.



**Sexual and Reproductive Health and Rights**

**Minimum Commitments**

**For Gender and Inclusion**

*The following minimum commitments aim to develop practical approaches and actions to address the issues identified in step 1:*

|  |  |  |
| --- | --- | --- |
| **SEXUAL AND REPRODUCTIVE HEALTH IN EMERGENCIES** | | |
| ***ISSUE*** | ***GROUP OF CONCERN*** | ***MINIMUM COMMITMENT*** |
| **ASSESSMENT** | | |
| Understanding who are the decision makers within the home and the community and how unequal practices and norms may block women’s and girls’ access to modern family planning methods and to other SRHR services is essential to inform the design of the response and its targeting (e.g. ensuring that men, be they husbands, fathers or religious leaders, are sensitized on family planning, on maternal health or on post abortion care). | Women, men, girls and boys (gender analysis) | **Analyze** how **power dynamics** within the home and the community affect girls’ and women’s access to life-saving sexual and reproductive health services to inform the targeting and the design of your support |
| **DESIGN** | | |
| Adolescent girls and boys are a critical group that needs to be at the centre of SRHR services’ attention: Although they make up a large proportion of the population in the countries affected by humanitarian emergencies, their sexual and reproductive health needs are largely unmet.  Developing adolescent-friendly services, where they are not only consumers but active contributors is key to ensuring that those most in need are assisted. Adolescents have various needs, are differently affected and may face different barriers in accessing the services. Their active engagement should be sought for the development of a response that is accessible, relevant and inclusive.  Girls and boys are likely to have distinct views on what specialized services should provide. Lesbians, gays, bisexuals, transsexuals, intersex or queer adolescents are at increased risk of sexual assault and exploitation and are more exposed to STIs and HIV AIDs infection. They face difficulties accessing assistance due to sociocultural barriers. Their needs are often ignored.  Adolescents with a mental or physical disability are less likely to get the required information on family planning. Girls living with a disability are particularly at risk of sexual violence and unwanted pregnancy. Reduced mobility due to physical impairment or stigma due to mental issues often prevents them from accessing SRH services. | Adolescent girls and boys, including those from sexual minorities or with a mental or physical disability | Develop your **services for and with adolescent girls and boys**, recognizing the unique and multiple needs of each group including those from sexual minorities or with a mental or physical disability |
| **IMPLEMENTATION** | | |
| Pregnant and lactating adolescent girls’ particular situation requires specific consideration for the implementation of a response that addresses their distinct needs: Due to their young age that places them at greatest risk when pregnant, they require assistance for a safe delivery. Also, their little experience of life and lack of knowledge on family planning methods may expose them to future unwanted pregnancies. They may also face mobility restrictions, requiring the permission of their parents or husband to access services.  A specific focus on this group is also justified by the fact that programmes sometimes tend to focus on adult women without always doing what is necessary to acknowledge and to respond to girls’ peculiar needs | Pregnant and lactating adolescent girls | Ensure that **pregnant and lactating adolescent girls** get the assistance they need, alleviating the barriers they may face in accessing services |
| **RESPONSE MONITORING** | | |
| To ensure that all those in need have access to services, the response needs to be accountable. It should evolve based on the information of who is missed (e.g. through the collection and use of data disaggregated by age and sex) and based on the concerns voiced by the users. A response that is accountable to those it serves will eventually provide an answer that is more efficient, more inclusive and of better quality. | All users, including the most marginalized groups | **Monitor equitable access** to services, including by the most marginalized groups, and set confidential, accessible and responsive **feedback & complaint mechanisms** |
| **ACROSS THE RESPONSE** | | |
| Due to unequal relationships and household dynamics within the family, adolescent boys and men have a predominant say on the use of contraceptive methods, on the number of children the family will have, on child spacing and on how long a child should be breastfed. They may also control the mobility of the female members of the family. Domestic violence, including forced sexual relationships, is a reality.  Seeking their engagement to alleviate the barriers adolescent girls and women may face in fulfilling their sexual and reproductive needs and rights is essential. Yet, sensitizations and service provision on FP to date have mainly focused on girls and women. The information girls and women gain is partly inefficient as they may not be the primary decision makers. | Men | **Engage boys and men** (as partners, husbands and fathers) to **champion** the use of **family planning** methods and to build respectful and **nonviolent relationships** |